

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No. \_\_\_\_\_

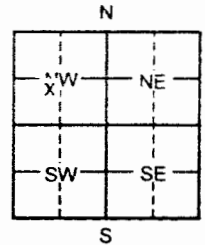
<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgwick</u>	Fraction <u>nw</u> <u>sw</u> <u>sw</u> <u>nw</u>	Section Number <u>32</u>	Township Number T <u>25s</u> S R <u>1e</u> E/W	Range Number
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Distance and direction from nearest town or city street address of well if located within city?  
206 Fiddlers Creek

**Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** Bill Kemp  
 RR#, St. Address, Box # : 206 Fiddlers Creek  
 City, State, ZIP Code : Valley Center, Ks 67147

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**



**4 DEPTH OF COMPLETED WELL** 90 ft.

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 18 ft. below land surface measured on mo/day/yr

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield 8 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No x; If yes, mo/day/yrs  
 Sample was submitted \_\_\_\_\_ Water Well Disinfected? Yes x No \_\_\_\_\_

**5 TYPE OF CASING USED:**

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <u>x</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 PVC	4 ABS	7 Fiberglass
		9 Other (specify below) _____
		10 Asbestos-Cement
		11 Other (specify) _____
		12 None used (open hole)

Blank casing diameter 5 in. to 18 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____	

**SCREEN-PERFORATED INTERVALS:**

From <u>18</u> ft. to <u>90</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

**GRAVEL PACK INTERVALS:**

From <u>18</u> ft. to <u>90</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Intervals From 3 ft. to 20 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? West How many feet? 110

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top soil			
1	14	Fine sand			
14	25	Green shale			
25	90	Blue shale			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1-26-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 740. This Water Well Record was completed on (mo/day/year) 1-31-08 under the business name of Weninger Drilling Inc. by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.

Driller Copy  
White

KSA 82a-1212

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